MULTIPLE DE NDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AS FILED **AFTER** AFTER I"AMENDMENT AS FILED AFTER 2 MAMENDMENT I"AMENDMENT IND. 1 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u> 26</u> ... 47 TOTAL IND TOTAL IND TOTAL DEF TOTAL DEP TOTAL CLADGE CLAIMS

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